CORRECTIONS OFFICER RETIREMENT PLAN

(Please fill in all of the information on this form. If not applicable, please indicate.)

INPUT SHEET FOR (select o					
	DEFERRED ANNUITY		P/# OF MONTHS		
DISABILITY: Accidenta	alOrdinaryTotal	& Permanent			
Last Work Date:					
Years of Service: From	То				
ARE YOU PLANNING TO AC	CEPT A JOB IN THE ARIZO	NA STATE RETIREMEN	NT SYSTEM? Y	N	
PERSONAL INFORMATION					
Name:				- <u>-</u>	
First Sex (circle) M F Date of	Middle Last		Social Security Number Marital Status (circle) M S		
,		wanta	ii Status (circie)	VI S	
ADDRESS AND TELEPHONE	E NUMBER OF MEMBER				
Address:Stree	et Apt.	City	State	Zip Code	
Phone: Home ()	Work ()	Cell ()		
Personal Email					
SPOUSE INFORMATION					
Name:First	Middle Last	t	Social Security Nu	mber	
Date of Birth:	Date of Marria	age:			
HAVE YOU BEEN DIVORCE	D SINCE YOU BEGAN PART	ICIPATING IN CORP?	Y N		
MILITARY SERVICE Have contributions for all of you	our Guard/Reserve periods be	en CREDITED as servic	e (circle ONE): Y	N N/A	
DEPENDENT CHILDREN:					
Name	Date of Birth		Disabled		
			<u>Y</u>	<u>N</u>	
			<u>Y</u>	<u>N</u>	
			<u>Y</u>	<u>N</u>	
LEAVE WITHOUT PAY OR IN	NDUSTRIAL LEAVE				

APPLICANT PAYMENT INFORMATION

Payable to:				
Payment Method (circle):				
Federal Tax (circle): Single	e/Married Exemptions:			
State Tax (circle): 0.8% 1	1.3% 1.8% 2.7% 3.6% 4.2	2% 5.1%		
APPLICANT DIRECT DEPO	OSIT INFORMATION			
Name of Financial Institution	า:	P	hone Number:	
ABA Routing No.:		Account No.	:	
Account Type (circle one):	Checking	Savings		
BENEFICIARY INFORMAT	ION (Do not List your sp	oouse)		
Primary Beneficiary:				
	Social Security Number:			
Secondary Beneficiary:				
Date of Birth:	Social Security Number:			
Relationship(s):	Phone Number			
Address:				
Secondary Beneficiary:				
Date of Birth:	Social Security Number:			
Relationship(s):	Phone Number			
Address:				
I CERTIFY TO THE ACCUF	RACY OF THE INFORMA	TION GIVEN ON THIS	FORM	
Date	Signatu	re of Applicant		
Date Institution	on HR C	Office Signature	Title	
Note: Please provide a copy of:	State Issued Driver's Licer	nse or ID ate, Passport, Driver's Lice plicable)	nse or State Issued ID for Spouse and	

Recorded Marriage Certificate (if applicable)
++Proof of Full Time College enrollment (up to age 23)++
Proof of Dependent Child's Disability prior to age 23

<u>Divorce Decree (and Domestic Relations Order, if divorced during CORP employment)</u>

Please include a voided check for direct deposit into a checking account